

# Application for Employment **PRE-EMPLOYMENT QUESTIONNAIRE** **EQUAL OPPORTUNITY EMPLOYER**

LAST NAME FIRST MIDDLE INITIAL

## Personal Information

DATE \_\_\_\_\_

|                        |                     |             |          |
|------------------------|---------------------|-------------|----------|
| NAME (LAST NAME FIRST) |                     | [REDACTED]  |          |
| PRESENT ADDRESS        | CITY                | STATE       | ZIP CODE |
| PERMANENT ADDRESS      | CITY                | STATE       | ZIP CODE |
| PHONE NO.              | SECONDARY PHONE NO. | REFERRED BY |          |

## Employment Desired

|   |  |  |
|---|--|--|
| POSITION  | DATE YOU CAN START   | SALARY DESIRED   |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO  | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO   | WHERE  | WHEN   |
| EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO   | WHERE  | WHEN   |
| REASON FOR LEAVING  |  |  |
|   |  | NAME OF LAST SUPERVISOR AT THIS COMPANY  |
| HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____ |  |  |
| <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE _____   |  |  |

## Education History

|   | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|---------------------------|----------------|------------------|------------------|
| HIGH SCHOOL                               |                           |                |                  |                  |
| COLLEGE                                   |                           |                |                  |                  |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL |                           |                |                  |                  |

## General Information

|  |
|--|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK     |
|  |
| SPECIAL TRAINING, CERTIFICATIONS, LICENSES |
|  |
| SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.    |
|  |

## Military Service Record

|   |                   |
|---|-------------------|
| HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO | BRANCH OF SERVICE |
| DISCHARGE DATE  | RANK              |

**Former Employers** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

|                                  |                        |  |       |
|----------------------------------|------------------------|--|-------|
| NAME OF PRESENT OR LAST EMPLOYER |                        |  |       |
| ADDRESS                          | CITY                   | STATE  | ZIP   |
| STARTING DATE                    | LEAVING DATE           | JOB TITLE  |       |
| WEEKLY STARTING SALARY \$        | WEEKLY FINAL SALARY \$ | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| NAME OF SUPERVISOR               |                        | TITLE  | PHONE |
| DESCRIPTION OF WORK              |                        |  |       |
| REASON FOR LEAVING               |                        |  |       |

|                           |                        |  |       |
|---------------------------|------------------------|--|-------|
| NAME OF PREVIOUS EMPLOYER |                        |  |       |
| ADDRESS                   | CITY                   | STATE  | ZIP   |
| STARTING DATE             | LEAVING DATE           | JOB TITLE  |       |
| WEEKLY STARTING SALARY \$ | WEEKLY FINAL SALARY \$ | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| NAME OF SUPERVISOR        |                        | TITLE  | PHONE |
| DESCRIPTION OF WORK       |                        |  |       |
| REASON FOR LEAVING        |                        |  |       |

|                           |                        |  |       |
|---------------------------|------------------------|--|-------|
| NAME OF PREVIOUS EMPLOYER |                        |  |       |
| ADDRESS                   | CITY                   | STATE  | ZIP   |
| STARTING DATE             | LEAVING DATE           | JOB TITLE  |       |
| WEEKLY STARTING SALARY \$ | WEEKLY FINAL SALARY \$ | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| NAME OF SUPERVISOR        |                        | TITLE  | PHONE |
| DESCRIPTION OF WORK       |                        |  |       |
| REASON FOR LEAVING        |                        |  |       |

**References** (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

| NAME | ADDRESS | BUSINESS | PHONE |
|------|---------|----------|-------|
|      |         |          |       |
|      |         |          |       |
|      |         |          |       |